

<b>Case Number:</b>	CM15-0161245		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/16/2003
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male, who sustained an industrial injury on 4-16-03. The diagnoses have included lumbar disc degeneration, status post lumbar fusion, lumbar radiculopathy, cervicogenic headaches, chronic pain syndrome, cervical stenosis, cervical facet arthropathy and lumbar stenosis. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, spinal cord stimulator, and other modalities. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the cervical and lumbar spine and X-rays of the cervical, thoracic and lumbar spine. Currently, as per the physician progress note dated 7-27-15, the injured worker complains of neck pain that radiates to the trapezius and scapular region as well as the upper arm and elbow. The pain is rated 7 out of 10 on pain scale with medications and 9-10 out of 10 without medications. He also complains of low back pain that goes into the bilateral buttocks and radiates down the thighs, calves and feet. The pain is rated 7-8 out of 10 on pain scale with medications and 9-10 out of 10 without medications. The current medications included Methadone, Prilosec, Norco, and Ibuprofen. The objective findings-physical exam reveals that there is tenderness over the cervical and scapular regions. There is also palpable tenderness over the bilateral L4-5 region. There is increased pain with extension and right and left lateral bending, improved with forward flexion. The physician requested treatments included Pain management consultation for lumbar facet block at L3-L5, Pain management consultation for facet blocks at C4-C7, and Urine toxicology screening. Prior urine drug screen was performed 12/8/14.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Pain management consultation for lumbar facet block at L3-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment - Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative, page 56; Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Facet Injections.

**Decision rationale:** MTUS Guidelines do not address this issue in adequate detail. ODG guidelines address this issue in detail and do allow for a diagnostic facet injection under specific circumstances. If pain is radiculopathic, facet injections are not recommended. This individual has radiating pain, but it is not reported to be in a dermatomal distribution nor does the formal diagnosis support a radiculopathy. The recent physician's narratives state the requested levels are L2-L4 for the possible facet injections which are not at the level of the prior fusion. However, if facet injections are requested at the level(s) of the fusion this can be re-reviewed as this request is essentially for a consultation. Guidelines support the request for a pain management consultation for facet blocks (L3-L5). The consultation is medically necessary.

### **Pain management consultation for facet blocks at C4-C7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment - Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative, page 56; Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/facet blocks.

**Decision rationale:** MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines address this issue and allow for at least a trial of facet blocks if there is clinical evidence of facet generated pain and no concurrent radiculopathic pain syndrome. This individual qualifies under these standards. No radiculopathic syndrome is documented and the requesting physician is requesting the possible procedure to avoid surgery. The Guidelines allow for consultations for special procedures or specialty input. If the formal procedural request

comes in and appears to be inconsistent with Guidelines this can be re-reviewed again. However, the Pain management consultation for facet blocks at C4-C7 is consistent with Guidelines and is medically necessary.

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screens.

**Decision rationale:** MTUS Guidelines recommend periodic drug screens for individuals utilizing opioids however the MTUS Guidelines do not provide guidance regarding the reasonable frequency or type of testing. ODG Guideline provide extensive details regarding a reasonable frequency of testing and for individuals who are opinionated to be at low risk only annual screening is recommended. This individual has had drug testing less than one year ago and the treating physician does not opinion any increased risk for misuse. The request for the repeat Urine toxicology screening is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The testing is not medically necessary.